

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155667</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/28/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>OAK GROVE CHRISTIAN RETIREMENT VILLAGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>221 W DIVISION ST DEMOTTE, IN 46310</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Certification and Environmental Preoccupancy Survey for the addition of 10 new Title 18 beds and the relocation of 1 Title 18 bed was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/28/13</p> <p>Facility Number: 010823 Provider Number: 155667 AIM Number: 200236630</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Oak Grove Christian Retirement Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The Oak Leaf Rehabilitation Unit is a one story fully sprinklered addition of Type V (111) construction. The addition has a fire alarm system with automatic smoke detection in the resident rooms and at the horizontal exit door in the corridor. The facility has the capacity for 49 and had a census of 47 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/01/13.	K 000			